

PTO/SB/21 (modified)

Approved for use through xx/xx/xx, OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0000000000
Rev. 10/95U.S. Department of Commerce
Patent and Trademark Office**TRANSMITTAL FORM**

(to be used for all correspondence during pendency of filed application)

	Application Number	09/910,662	
	Filing Date	July 20, 2001	
	First Named Inventor	Ziya Aral	
	Group Art Unit Number	2155	
	Examiner Name	Dhairya A. Patel	
Total Number of Pages in This Submission	4	Attorney Docket Number	61628-05744

ENCLOSURES (check all that apply)

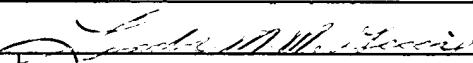
<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Letter to Chief Draftsperson
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Formal Drawing(s):
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	<input type="checkbox"/>
<input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input type="checkbox"/> Amendment/Response: [] Page(s)	<input type="checkbox"/>
<input type="checkbox"/> After Final	<input type="checkbox"/>
<input checked="" type="checkbox"/> Request to Withdraw as Attorney (in triplicate)	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
<input type="checkbox"/>	

REMARKS:**SIGNATURE OF ATTORNEY OR AGENT**

Signature:			
Attorney/Reg. No.:	Stuart P. Meyer, Reg. No. 33,426	Dated:	December 15, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Signature:			
Typed or Printed Name:	Linda M. McGuire	Dated:	December 15, 2004
Express Mail Mailing Number (optional):			

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF E
CORRESPONDENCE ADDRESS**

DEC 20 2004

Application Number	09/910,662
Filing Date	July 20, 2001
First Named Inventor	Ziya Aral
Group Art Unit	2151
Examiner Name	Dhairya A. Patel
Attorney Docket Number	61628-05744

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

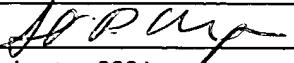
The client knowingly and freely assents to termination of the employment

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Christopher T. Tobin Collier Shannon Scott PLLC				
Address	Washington Harbour, Suite 400				
Address	3050 K Street, NW				
City	Washington	State	D.C.	Zip	20007
Country	USA				
Telephone	(202) 342-8508	Fax	(202) 365-3515		

This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 758

on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Stuart P. Meyer
Signature	
Date	December 5, 2004

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.